

ET033384952US  
23-02

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Practitioner's Docket No. RDM-FaceMask1

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Ronald D. MATICH

For (title): Face Mask With Seal And Neutralizer

**1. Type of Application**

This transmittal is for an original (nonprovisional) application.

**2. Papers Enclosed**

**A.** Required for filing date under 37 C.F.R. 1.53(b) (Regular)

23 Pages of Specification (pages 1-23)

9 Pages of Claims (pages 24-32)

13 Sheets of Drawings-Informal (stapled to specification, claims and abstract)

**B.** Other Papers Enclosed

2 Pages of declaration and power of attorney

1 Page of abstract (page 33)

13 Sheets of Drawings-Formal (in manila envelope, with identifying label on back of each sheet)

Information Disclosure Statement dated January 18, 2002 (two pages)

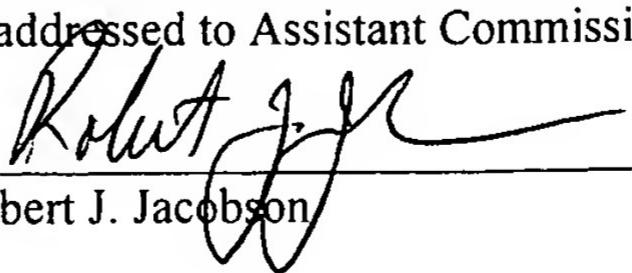
PTO-1449 form (one sheet);

The references listed on the PTO-1449 form

**3. Declaration or Oath**

Enclosed. Executed by: inventor.

I hereby certify that this correspondence and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date January 18, 2002 in an envelope as "Express Mail Post Office to Addressee" Mailing Number ET033384952US addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

  
Robert J. Jacobson

#### **4. Inventorship Statement**

The inventorship for all the claims in this application is the same.

## 5. Language

## English

## **6. Fee Calculation (37 C.F.R. 1.16)**

## Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$740.00
Total Claims (37 CFR 1.16(c))	28	- 20 =	8 x	\$18.00	\$144.00
Independent Claims (37 CFR 1.16(b))	6	- 3 =	3 x	\$84.00	\$252.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))		+		\$280.00	\$0.00

**Filing Fee Calculation** \$1136.00

## **7. Small Entity Statement(s)**

**Applicant is a small entity.**

**Filing Fee Calculation (50% of above)** \$568.00

**8. Fee Payment Being Made at This Time**

Enclosed.

**Filing Fee** \$568.00

**Total Fees Enclosed** \$568.00

**9. Method of Payment of Fees**

Check Number 8371 in the amount of \$568.00 is attached.

**10. Instructions as to Overpayment**

Refund.



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SIGNATURE OF PRACTITIONER

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REGISTRATION NUMBER  
EXPIRATION DATE  
PRACTITIONER NAME  
ADDRESS  
CITY, STATE, ZIP CODE